

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

CLASS PLAN APPLICATION

Your file #: _____
(15 characters maximum)

___ Original ___ Copy 1 ___ Copy 2

Does this file contain group data?

___ Yes ___ No

Note: A separate CA-CP1 page must be submitted for each company within a Group filing.

Latest applicable CDI File No. for this
Program: _____

Department Use Only

FILING NO.: _____

DATE RECEIVED: _____

COMPLIANCE DATE: _____

DATE PUBLIC NOTIFIED: _____

DEEMER DATE: _____

INTAKE ANALYST: _____

BUREAU CODE & SR.: _____

GROUP X-REF: _____

RATE CHG X-REF: _____

REMARKS: _____

Company Name _____ Group Name _____

NAIC Company Code _____ NAIC Group Code _____

Organized Under the Laws of the State of _____

Check Applicable Line(s) of Insurance as shown on the Annual Statement:

___ PP Auto Liability

___ PP Auto Physical Damage

Program Name _____

Home Office _____

Main Administrative Office in California _____

Name and Title of Contact Person _____

Toll Free Phone No.: (____) _____ Fax No.: (____) _____

If not available, collect calls will be made.

Internet Address (if available): _____

Mailing Address _____

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

Authorized Signature

Date of Filing

Telephone Number

CLASS PLAN SUBMISSION DATA SHEET

This application can be used to accompany each filing or modification. Use of this application form is not required.

List Type of Vehicles in Program: _____
(I.e. PP auto, motorcycles, _____
motor home, antique auto, etc.) _____

Indicate the purpose of this filing:

	<u>Complete Pages</u>	<u>Complete Exhibits</u>
_____ New Program	CA-CP1 to CP6	1, 4-6, 9-14
_____ Revision to Existing Class Plan	CA-CP1 to CP6	1,2, 4-14
_____ Revenue Neutral Plan		
_____ Corresponding Rate Change Filing has been Submitted With this Filing		
_____ Introducing or Revising Symbols		Complete Exhibit 8
_____ Adopting Another Company's Sequential Analysis & Relativities		Complete Exhibit 3
Name Company: _____		
CDI Approved Class Plan Number: _____		
_____ Group Filing for Sequential Analysis		

FILING CHECKLIST

Use this checklist to assemble all documents to constitute a proper filing

_____	CA-CP1:	Company Information
_____	CA-CP2:	Class Plan Submission Data Sheet
_____	CA-CP3:	Filing Checklist
_____	CA-CP4:	Rating Factors Checklist (Liability and Medical Payment)
_____	CA-CP5:	Rating Factors Checklist (Uninsured Motorist)
_____	CA-CP6:	Rating Factors Checklist (Physical Damage)

SUPPORTING EXHIBITS

_____	Exhibit 1:	Explanatory Memorandum
_____	Exhibit 2:	Filing History
_____	Exhibit 3:	Data Availability
_____	Exhibit 4:	Sequential Analysis
_____	Exhibit 5:	Relativities for Each Rating Factor
_____	Exhibit 6:	Factor Weights
_____	Exhibit 7:	Revenue Neutral
_____	Exhibit 8:	Symbols and Vehicle Series
_____	Exhibit 9:	Market Dislocation
_____	Exhibit 10:	Development of Rate Manual
_____	Exhibit 11:	Rating Logic
_____	Exhibit 12:	Good Driver Discount Guidelines
_____	Exhibit 13:	Underwriting Guidelines
_____	Exhibit 14:	Rate Manual

FILING CHECKLIST

For each line (Liability and Physical Damage), check the rating factors that are being proposed for this program.

	<u>Liability</u>		MedPay
	B/I	P/D	
INSURED'S DRIVING SAFETY RECORD	_____	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____	_____
Type of Vehicle	_____	_____	_____
Vehicle Performance Capabilities	_____	_____	_____
Type of Use of Vehicle	_____	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____	_____
Multi-Car Households	_____	_____	_____
Academic Standing	_____	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____	_____
Vehicle Characteristics	_____	_____	_____
Gender	_____	_____	_____
Marital Status of the Rated Driver	_____	_____	_____
Persistency	_____	_____	_____
Non-Smoker	_____	_____	_____
Secondary Driver Characteristics	_____	_____	_____
Multi-Policy	_____	_____	_____
Relative Claims Frequency	_____	_____	_____
Relative Claims Severity	_____	_____	_____

RATING FACTORS CHECKLIST (CON'T.)

	<u>Liability</u>	
	<u>Bodily Injury</u>	<u>Physical Damage</u>
INSURED'S DRIVING SAFETY RECORD	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____
Type of Vehicle	_____	_____
Vehicle Performance Capabilities	_____	_____
Type of Use of Vehicle	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____
Multi-Car Households	_____	_____
Academic Standing	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____
Vehicle Characteristics	_____	_____
Gender	_____	_____
Marital Status of the Rated Driver	_____	_____
Persistency	_____	_____
Non-Smoker	_____	_____
Secondary Driver Characteristics	_____	_____
Multi-Policy	_____	_____
Relative Claims Frequency	_____	_____
Relative Claims Severity	_____	_____

RATING FACTORS CHECKLIST (CON'T.)

	Physical Damage	
	Comprehensive	Collision
INSURED'S DRIVING SAFETY RECORD	_____	_____
NUMBER OF MILES DRIVEN ANNUALLY BY THE INSURED	_____	_____
INSURED'S NUMBER OF YEARS OF DRIVING EXPERIENCE	_____	_____
Type of Vehicle	_____	_____
Vehicle Performance Capabilities	_____	_____
Type of Use of Vehicle	_____	_____
Percentage Use of Vehicle by Rated Driver	_____	_____
Multi-Car Households	_____	_____
Academic Standing	_____	_____
Completion of Driver Training or Defensive Driving Courses	_____	_____
Vehicle Characteristics	_____	_____
Gender	_____	_____
Marital Status of the Rated Driver	_____	_____
Persistency	_____	_____
Non-Smoker	_____	_____
Secondary Driver Characteristics	_____	_____
Multi-Policy	_____	_____
Relative Claims Frequency	_____	_____
Relative Claims Severity	_____	_____